

JUN 30 2014

Annual Reporting Requirements pursuant to § 54.313(a)(2)-(6)

WC Docket No. 10-90

FCC Mail Room

§ 54.313(a)(2) – Outage reporting

☒

My company was not required to collect this information in 2011.

☐My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(3) – Unfulfilled service requests

☒

My company was not required to collect this information in 2011.

☐My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(4) – Customer complaints per 1000 connections

☒

My company was not required to collect this information in 2011.

☐My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(5) – Service quality standards and consumer protection rules

I certify that the reporting carrier is in compliance with applicable service quality standards and consumer protection rules.

§ 54.313(a)(6) – Ability to function in emergency situations

I certify that the reporting carrier can function in emergency situations as set forth in 47 CFR §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

I am authorized to make this certification on behalf of the company named above and, to the best of my knowledge the information reported on this form is accurate. This certification is for the study area(s) listed below. (Please enter your Company Name, State and Study Area Code)

Company Name	State	Study Area Code
Clarksville Mutual Tel Co	IL	340990

(If necessary, attach a separate list of additional study areas and check this box.)

No. of Copies rec'd
List ABGDE

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Signed,

Patricia Rhoads

[Signature of Corporate Officer]

Date:

June 10, 2014

Patricia Rhoads

[Printed Name of Corporate Officer]

Secretary/Treasurer

[Title of Corporate Officer]

Carrier's Name **Clarksville Mutual Telephone Company**

Carrier's Address **11767 E. Clarksville Road, Marshall, IL 62441**

Carrier's Telephone Number **(217) 889-3822**

Clarksville Mutual Telephone Company
 WC Docket No. 10-90
 FCC Rule Section 54.313 (h) Reporting Detail
 Data As Of June 1, 2012

Exchange Name	Residential Class of Service	Service Class Monthly Rate	State SLC Applicable to Service	Mandatory EAS Applicable to Service	Total Monthly Service Rate	Number of Subscribers June 1, 2013
Clarksville	Residential	\$ 10.00	\$ -	\$ -	\$ 10.00	239